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SEX OFFENDER PROGRAM AT MONTANA STATE PRISON

A Report Prepared for the Criminal Justice **STATE DOCUMENTS COLLECTION**
and Corrections Advisory Council

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This report was prepared from information received through interviews with the staff of the sex offender program at Montana State Prison. This program is in the process of change, and the number of inmates in the program, as with any other prison statistic, is subject to daily fluctuation. This report provides a general idea of what the program is all about and the approximate numbers of inmates involved.

APPLICATION

Through discussion with counselors during reception, the inmate is instructed as to which programs are available. The inmate voluntarily fills out a "pink slip" to apply for the Sex Offender Program. The Treatment Review Committee screens the applications and determines who will be placed in the program. The Treatment Review Committee is composed of a psychologist, the Director of Classification and Treatment, a social worker and a chemical dependency counselor. There are approximately two to four applications per week.

PHASE I

The program is essentially a two-phase program with an aftercare phase. Every inmate who applies is accepted into Phase I. Treatment takes place in the regular housing units and is generally instructional, educational, and non-confrontive. The goal is to

PLEASE RETURN

provide the sex offender with enough information and understanding of his own behavior to make an informed decision regarding treatment.

There is usually a two-month waiting period to get into Phase I. There must be enough people for the treatment group, and they must wait for the other group to end. The capacity of Phase I is eight per group. The number on the waiting list varies, up to the number needed for a group to begin the program. At the beginning of June, there were 12 people on the waiting list, and as of the last week in June, a group began Phase I. Phase I generally takes four months, and inmates are used to facilitate the groups. (TOTAL TIME TO COMPLETE PHASE I: APPROXIMATELY SIX MONTHS WAITING PERIOD AND TREATMENT)

PHASE II

An inmate must reapply to the Treatment Review Committee for Phase II. Out of the eight inmates who complete a Phase I group, the average number who are accepted into Phase II is six. To be accepted into Phase II, the inmate must take some responsibility for his problem, at least verbally. They may reapply.

Phase II consists of five levels, which take approximately ten months to complete. Phase II is intended to teach the individual to assume responsibility for his sexually abusive behavior, empathize with his victims, control his deviant arousal, and achieve a deeper understanding of his sexually deviant arousal. The primary group process is confrontational.

After an inmate is accepted into Phase II, he is placed in a holding group before being housed in an Intensive Treatment Unit (ITU). The period in a holding group can last from three to six months. When an inmate is in a holding group, he lives in a regular housing unit and has weekly group meetings. During this time, staff can weed out anyone who is not ready for the second phase.

Phase II takes place in an ITU, which is a separate housing unit (except in high security which does not have an ITU). There are two ITUs, one in A Unit (medium II custody) and one in B Unit (minimum I custody). The total number of inmates in Phase II is 38, which includes those in the ITUs, high security, and holding groups.

The screening period for placement in Phase II takes about two weeks. The waiting time, which is spent in a holding group, for the high side is about three to four months and for the low side about two months. (TOTAL TIME TO COMPLETE PHASE II: APPROXIMATELY 12-14 MONTHS FOR SCREENING, HOLDING GROUPS, AND ITUs)

AFTERCARE

There are six inmates currently in Aftercare, which basically involves maintenance of treatment. In this phase, the inmates may work on developing a support system for after imprisonment. They are housed in regular housing units. There is no waiting time for aftercare, no time limit on participation or limit of numbers in aftercare. Aftercare can include work on a parole plan. There is no staff supervision in aftercare.

SUMMARY

There were 70 inmates in treatment or on the waiting list (as of 7/23/88).

Capacity- present

Phase I	8
Holding	8-10
A ITU	12
B ITU	12
Close	6
Aftercare	6

Total	52-54
Waiting	16

	68-70

There are approximately 250 sex offenders at MSP. This leaves 180 (72 percent) who are not in treatment or on the waiting list for treatment. Since treatment is voluntary, many of these sex offenders will not seek treatment. Because the length of stay for many of these offenders is short, often it is easier for them to discharge their sentence than to confront their problems through treatment. (THE PROGRAM TAKES APPROXIMATELY 20 MONTHS, FROM APPLICATION TO COMPLETION, INCLUDING WAITING TIME.)

PAROLE

About 50 percent of those in the program (30 inmates) are past their parole-eligibility date, and 80 percent of those will be paroled (24). In 1987, there were 65 sex offender inmates interviewed for parole. Many of these are on annual review status, for either the nature of the offense, prior felonies or lack of treatment. Board of Pardons (BOP) staff estimate that 50 to 60 had not finished treatment or needed additional treatment.

Nineteen were paroled in 1987. Currently there are 47 sex offenders on annual review status or have been denied parole in 1988 and told to return after complying with the Board's expectations. Many sex offenders will go before the Board and if denied parole, will comply with their wishes.

There has been only one known repeat offender who has gone through the program, and he has not yet been returned to the prison. The staff work hard with the sex offender out-patient treatment programs and some offenders, once released, are in community programs at their own expense.

STAFF/PROGRAM COSTS

Currently, there is one PhD psychologist and two MA psychologists staffing the sex offender program. One of the MA psychologists is half-time and spends three-quarters of his time on the sex offender program. The other two psychologists spend approximately 0.3 of their time on the sex offender program. All of these positions have other duties. Salaries, including the state rate of 23 percent for benefits, FICA, etc., are as follows:

1 PhD psychologist (Grade 16, Step 8) X .3 FTE =	
	\$10,410
1 MA psychologist (Grade 15, Step 7) X .375 FTE =	
	\$11,751
1 MA psychologist (Grade 15, Step 2) X .3 FTE =	
	<u>\$ 8,515</u>
TOTAL STAFF SALARIES	
	\$30,677

Estimated copywork costs per inmate in the program are	
<u>\$17.50 X 60 inmates =</u>	<u>\$ 1,050</u>
TOTAL ANNUAL PROGRAM COSTS	\$31,727

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Currently, staff run two groups a week, do inmate histories, set up discharges, releases and community coordination. They do not have the resources to see inmates individually for tracking or identifying specific needs. This same staff is responsible for all other treatment programs.

STAFF NEEDS

According to current staff, the ideal number of staff needed to run the sex offender program is three full-time psychologists, a social worker, and a secretary. In addition to the present staff, the following would be needed as well as a restructuring of current staff duties:

- > Two full-time psychologists (Grade 15, Step 2) -
2 X \$28,172 = \$56,344
Need one psychologist in charge of each ITU. They would:
 - 1. Be able to see those in the program individually for help with tracking and specific needs.
 - 2. Be able to do more thorough research of histories enabling them to confront the inmate to take responsibility in order to begin treatment.
 - 3. Hold spouse groups and couples groups.
 - 4. Spend more time setting up discharges, release planning, and coordination with community resources.
 - 5. Provide more behavioral therapy and assessment.

One more staff's time would be spent:

- 6. Recruiting offenders not in program.
- 7. Supervising holding groups, aftercare.
- 8. Organizing Phase Is.

POTENTIAL EFFECTS OF ADDITIONAL STAFF

1. Recruiting of offenders will put more through the program with the potential for more parole releases.

2. If the quality of the program is improved, it may increase the BOP's confidence in releasing sex offenders and therefore increase releases, while helping to reduce recidivism.

3. If new staff is hired, one could be recruited with training and expertise in the use of the polygraph which will enable staff to confront the offender with his history which may reduce denial, and in turn make him take responsibility in order to begin treatment.

4. More staff have potential to increase applications into the program and therefore paroles. At present, there are two to four sex offenders applying for the program per week. Staff felt that they could get one-third more offenders into the program. Since the parole board will not parole sex offenders until they have completed the program, more offenders will have completed this requirement for parole and could be paroled.

5. Reduction in program time. The program time may not be reduced as capacity of Phase II is a factor. Many more people could go through the initial phase, however, therefore increasing the pool ready for Phase II. If another ITU is added, or optimally two, then the program volume could be increased and waiting time decreased.

6. Reduction in length of stay. By getting more people into the program, especially those who do not actively seek treatment but wait until direction from the Board of Pardons, length of stay could be reduced. If done in conjunction with some pre-parole programming, either by sex offender program staff or BOP staff, many

could go through treatment before their parole-eligibility date, and therefore be more qualified at their parole hearing.

POLYGRAPH

Funding for a polygraph machine is also desired. Treatment staff believe that use of a polygraph machine would help to confront inmates with the truth and could save valuable time in obtaining the truth regarding offender's history. Staff must spend time contacting others who have known the offender in order to obtain information with which to confront the inmate. The use of this information is critical for successful treatment of Phase II.

Oregon has a progressive community-based sex offender program through Washington County Community Corrections in Hillsboro that uses a polygraph machine. Although this program uses the polygraph primarily as a probation tool, it is also used in therapy. Within the first three or four months of therapy, offenders are put on the polygraph. Rarely are the offenders truthful the first time. By the second time, staff are much more successful at gaining information. They have gained descriptions of up to 15 years of behavior and lists of 55 to 77 victims from offenders. Further information on the use of the polygraph is included in the appendix.

The closest polygraph training program is at Clark College, Vancouver, Washington. It is a seven to eight week program costing approximately \$800. They have specific and advanced training for sex offender treatment.

If new staff were hired, one should be trained and certified in the use of a polygraph machine, or training provided. A polygraph machine is also necessary. A used machine can cost in the neighborhood of \$1,500 and a new one somewhere between \$3,000 and \$4,000.

OTHER RELATED ISSUES

-If pre-parole programming is recommended, perhaps it could be targeted to get offenders into treatment and through the program to reduce those in the program after their parole-eligibility date.

-If new space becomes available or other space converted, two ITUs should be added, incrementally, one at a time. With the addition of the above-mentioned two therapists and social worker, staff felt that the two additional ITUs could be handled. (Since sex offenders take up space whether in treatment or out, with such high numbers, perhaps regular housing be converted.)

-Placement in the Intensive Supervision Program may be a possibility for offenders who can get into out-patient treatment after in-patient treatment at the prison or for those who may not be appropriate for prison placement. Sex offenders are in treatment in the communities after they come out of prison at present. Perhaps the number paroled could be increased if treatment was a condition of parole and could be arranged. Follow-up and relapse prevention are important and necessary tools in the prevention of recidivism.

-Out-patient sex offender treatment could be made a mandatory condition of parole and probation.

